ILLINOIS MATERNAL & CHILD HEALTH COALITION
1256 West Chicago Avenue ♦ Chicago, Illinois 60642
Tel: (312) 491-8161 ♦ Fax: (312) 491-8171 ♦ Email: ilmaternal@ilmaternal.org
Website: www.ilmaternal.org

Comments on Illinois Navigator Program Design Final Report Submitted July 27, 2012

On behalf of the Illinois Maternal and Child Health Coalition (IMCHC), thank you for the opportunity to comment on the Illinois Navigator Program Design Final Report.

IMCHC is a statewide, nonprofit organization that focuses on the promotion and improvement of health outcomes for women, children, and their families through advocacy, education, and community empowerment. For nearly 25 years, we have fought for affordable, high-quality health care, and have a strong interest in ensuring that Illinois residents have every available opportunity to benefit from full implementation of the Affordable Care Act (ACA) in Illinois.

For over seven years, IMCHC served as the lead organization for Covering Kids and Families Illinois, which was part of a nationwide initiative to enroll eligible children and parents into public coverage programs. IMCHC also played a strong role in outreach and enrollment efforts for All Kids, when the program was first announced in 2006 and when the expansion took effect in 2007.

We have also been a strong advocate on behalf of the All Kids Application Agent (AKKA) program, which has shown to be extremely effective in outreach and enrollment efforts, and are pleased to see AKAAs included in the final report as a model program on which an Illinois Navigator program should be built upon.

As a result, IMCHC is extremely disappointed by the decision to eliminate funding of the Technical Assistance Payments (TAP) to AKAAs, effective July 1, 2012, as a result of the Medicaid cost-reductions. Illinois has benefited greatly from the AKAAs enrollment and outreach, most recently illustrated through three consecutive years of "bonus payments" amounting to close to $40 million. Illinois received these payments for meeting enrollment goals set forth by the federal Children's Health Insurance Reauthorization Act. As noted below, a single year of these bonuses could easily fund numerous Navigator grants. IMCHC strongly encourages reinstating AKAA funding and using these bonuses to help support a robust Navigator program.

It's estimated that over 1.6 million Illinois residents will benefit from full implementation of the ACA in 2014, through the establishment of a Health Insurance Exchange and the Medicaid expansion. While the Exchange is expected to streamline the application process for Medicaid and tax credits for private insurance, it is expected that many individuals will still require personalized assistance to understand their options for coverage and submit an application.

Given Illinois' recent decision to pursue a state-federal partnership Health Insurance Exchange in 2014, we urge state officials to work closely with the federal government to retain full oversight and control of the Navigator program. This will ensure that Illinois has full operational powers to create and run a Navigator program and ensure a smooth transition once a state-based Exchange goes into effect in 2015.

Overall, IMCHC agrees with nearly all of the proposed recommendations and stakeholder findings in the Navigator Final Report. Specifically, we insist that following findings **must be** included in Illinois' Navigator program in order to ensure successful outreach and enrollment:

- Navigator grants must be awarded through a competitive RFP process that allows for organizations throughout Illinois to apply and offer their unique approaches to outreach and enrollment for consideration.
- Conflict of interest provisions must be developed in a manner that ensures the utmost program integrity and assurance that Navigators are working in the best interest of consumers. Strong oversight and quality measures should must also be developed. Feedback from individuals who utilize Navigator services should be incorporated into this process and consumers should be informed of the formal grievance/complaints process.
- Ongoing input from stakeholders is a critical part to the development and implementation of a Navigator program. Regular meetings, at least every other month, should take place leading up to the launch of the program, and through the 12-18 months.

Additionally, IMCHC offers the following recommendations:

- Illinois *should* conduct a "needs assessment" in order to better understand where persons who will benefit from Navigator services reside. This needs assessment will help target limited resources and help the state better craft an RFP that best addresses outreach and enrollment needs.
- Block grant funding with a pay-for-performance bonus may be an appropriate approach to funding Navigators. However, this model of funding should be reviewed 18-24 months after the awarding of the first grant to determine whether or not this payment mechanism should be revised.
- While the efforts of Navigators should be focused on outreach and enrollment for the individual market, especially in the first few months of operation, we think that the door for Navigators to assist with enrollment into SHOP should be kept as an available option, as Navigators may be useful towards these efforts in the future.
- Navigators should be viewed as a "feedback mechanism" for the state, in order to help monitor the efficacy of the Exchange and towards broad-based outreach efforts. To this end, Navigators should be required to meet on a regular basis with state officials to share this feedback. These meetings should occur more frequently when the grants are first issued in 2013 and then occur at a minimum annually after the first 12-24 months.
- We strongly suggest that the Illinois' Navigator program include additional training for Navigators to screen and refer for other public benefit programs. Given the integrated eligibility system that the Illinois Department of Healthcare and Family Services (HFS) is in the process of building, giving Navigators the resources and basic information about these programs can help connect more eligible individuals to these programs.
- In order to ensure quality performance and program integrity, we suggest that recertification take place more frequently in the first two years of operation of the Navigator program. We also think that the initial Navigator training should be mandatory to attend <u>in person</u> to ensure the maximum level of participation and engagement by the individual who will be conducting enrollment and outreach.
- We agree that data should be provided to Navigators on a monthly basis and support the development of an online portal where Navigators can submit reports and data that they must provide as part of their grant agreement. We also think that information about the Navigator program, including progress towards the overall program goals should be reported about the Exchange on a regular basis, perhaps on the Exchange website, as well as included in any reports that the Exchange issues to the public.
- In response to funding mechanisms, Illinois should consider using money awarded from CHIPRA bonus payments towards the initial "seed" funding for Navigator grants. Illinois received consecutive performance

bonuses for meeting enrollment goals in our Medicaid and Children's Health Insurance Programs for the past three years. The total amount awarded over the last three years has been close to $40 million. However, with the elimination of the AKAA $50 Technical Assistance Payment (TAP) in FY13, it is much less likely that Illinois will be awarded this bonus again. Given that Illinois' share of the TAP is estimated to be $425,000 in FY13, it would be worth reinstating the TAP to give Illinois the opportunity to qualify for this bonus. Based on the bonus that Illinois was awarded in 2012 and HMA's "high-end estimates" for Navigator budgets, we could easily fund the entire first year of the program with a single CHIPRA bonus payment.

While we agree that AKAAs should be encouraged to apply to serve as Navigators, it is unclear at this point whether full integration of the AKAAs, to the point where there would no longer be agencies that only assisted with All Kids applications, is necessary or helpful to outreach efforts.

And while the following comment may be outside of the scope of this report, HFS should consider opportunities to use administrative data and information that is already available through other state databases and information systems in order to "auto-enroll" eligible individuals when possible into Medicaid. Given, that it is estimated that over 600,000 people will be newly eligible for Medicaid in 2014, utilizing existing data sources can save time and money.

We hope that you will continue to use IMCHC as a resource on this issue. If you have additional questions, please contact Kathy Chan, IMCHC's Director of Policy and Advocacy at 312-491-8161x24 or at kchan@ilmaternal.org. Thank you again for the opportunity to comment.